

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade

**ACKNOWLEDGEMENT RECEIPT  
OF STUDENT HANDBOOK AND CODE OF CONDUCT**

I have read (either on-line or a copy made available at all school facilities) the Maypearl I.S.D. **Student Handbook** and the Maypearl I.S.D. **Student Code of Conduct** for 2007-2008. I understand that these documents contain information that my child and I may need during the school year. I understand that all students will be held accountable for their behavior at school, school-related activities, including school-sponsored travel regardless of time or location and are subject to the disciplinary consequences outlined in the Code. (If you would like a hard copy of the Student Handbook or the Student Code of Conduct, a request can be made in person in the school offices.)

**Items of importance to review with your child are:**

Absence Admits/ Attendance/Truancy Policies

Dress & Grooming Code

Detention/In School Suspension Policy (See Student Code of Conduct)

School Immunization/Medication Policy

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**DIRECTORY INFORMATION NOTICE**

Regarding student records, federal law requires that "directory information" on my child be released by the District to anyone who request it unless I object in writing to the release of any or all of this information. This objection must be filed within ten (10) school days of the time this handbook was given to the student. Directory information includes the following:

Student's name	Address and telephone number
Date and Place of birth	Pictures in the annual
Dates of attendance	Awards received at school
Most recent previous school attended	Weight & height of athletic team members
Athletic & Academic Videos	Name or Picture on Website
Participation in officially recognized activities & sports	Honor Roll in the newspaper

In exercising my right to limit release of this information, I have marked through the items of directory information listed above that I do not want released about my child. Denying access to this information will prohibit the District from publishing your child's name for any awards received.

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**TRUANCY**

I acknowledge that I have received information governing Compulsory Attendance Laws and my signature is only an acknowledgement that I received this information.

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**OPTIONAL INSURANCE PLAN**

Maypearl School District must offer a supplementary school insurance plan to each student.

If you are interested in taking this insurance for your child, please fill out the attached application; include payment and mail to the insurance company.

**Please check to indicate your preference:**

I do not wish to purchase the insurance.

I have purchased the insurance.

Check#

I HAVE REVIEWED EACH SECTION OF THIS FORM AND AFFIX MY SIGNATURE AS CONFIRMATION AND AGREEMENT.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**COMPLETE FORM ON BACK**